

# Substance Abuse Training

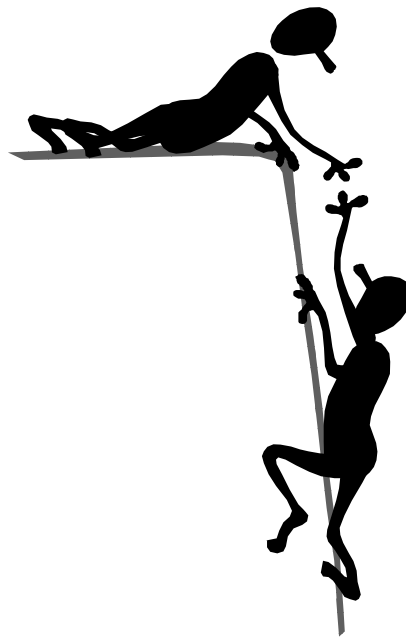
Understanding Substance Use Disorders,

Treatment and Family Recovery:

A Guide for Child Welfare Professionals

Participant Workbook

Winter 2007



## Acknowledgements

The online course and PDF version of *Understanding Substance Use Disorders, Treatment, and Family Recovery: A Guide for Child Welfare Professionals* were developed by the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration and are maintained by the National Center for Substance Abuse and Child Welfare on its website:

<http://www.ncsacw.samhsa.gov>.

The course materials, including the Participant Workbook and Supervisor Handbook, were developed for training purposes by the Utah Division of Child and Family Services.

Course Materials: MaryCatherine Jones

Resource Team:  
Midge Delavan  
Jerna Mitchell  
Jonathan Houser  
Marlene Goodrich  
Martin Roundy  
Reba Nissen

Pilot Participants:  
Salt Lake Region Court Services Team  
Lindsey Wiley  
Chuck Berglund  
Nate Acree  
Melissa Herrera  
Darla Taylor  
Eliana Downing  
Jennifer Larson  
Casey Christopherson  
Ryan Melton

Thanks to the statewide training team and pilot participants for their thorough review of the materials and thoughtful feedback.

**NOTE**

This document was developed by the Department of Human Services, Division of Child and Family Services (DCFS). It was produced expressly **“For Training Purposes Only”** of DCFS employees. It does not supercede nor amend any laws, policies, rules or established practices. Any questions or concerns about the use of this document or its contents should be directed to:

**Division of Child and Family Services**

120 N. 200 W.  
Salt Lake City, Utah 84103  
1-801-538-4100

**Participant Workbook Table of Contents**

Outcomes.....	5
Substance Abuse and Child Welfare in the US.....	6
What Makes This Training Unique.....	6
Tutorial Contents and Approximate Time to Complete.....	7
Tutorial Format.....	7
Training Hours and CEUs.....	8
About the Online Tutorial and Participant Workbook.....	9
Beginning the Web Training.....	10
Maximizing the Benefits of Online Learning.....	12
After You Finish the Training.....	13
Reading Questions.....	14
Reading Questions Answer Sheet.....	32
Certificate.....	35
Course Evaluation.....	36

**Outcomes**

1. Caseworkers will explore their own attitudes and beliefs about families that have substance abuse problems.
2. Caseworkers will be able to describe the continuum of use, abuse, and addiction and identify signs of substance use disorders among families they work with.
3. Caseworkers will recognize the importance of screening for substance abuse with all child welfare clients.
4. Caseworkers will understand the effects of co-occurring disorders, domestic violence, and childhood trauma among people with substance abuse problems and can identify the unique issues faced by women.
5. Caseworkers will understand the needs and experiences of people who become addicted to substances.
6. Caseworkers will become familiar with substance abuse treatment options.
7. Caseworkers can describe the stages of behavior change and strategies they can use to motivate parents along the stages of change.
8. Caseworkers will be able to describe the process of recovery and explain the role of lapse and relapse for clients who have been addicted to substances.
9. Caseworkers will more fully understand children's needs and experiences related to having a parent with a substance abuse problem. Caseworkers learn ways to enhance case planning and services for children experiencing parental substance abuse.
10. Caseworkers will understand the benefits of teaming with substance abuse treatment providers and identify several approaches to collaboration at different stages in the treatment and recovery processes.
11. Caseworkers will learn of several reliable Internet resources from which they can obtain further information on substance abuse and child welfare.

## Substance Abuse and Child Welfare

- In FY2006, 63% of Utah CPS cases with removals identified drug or alcohol abuse as a factor contributing to the abuse and neglect<sup>1</sup>.
- In the same period, 57% of child victims who received ongoing in-home services were listed on a case with at least one contributing factor as alcohol or drug abuse<sup>2</sup>.
- Research shows that children with substance abusing caregivers tend to come to the attention of the child welfare system younger than other children, are more likely than other children to be placed in care, and are likely to remain in care longer<sup>3</sup>.

## What Makes This Training Unique

Fortunately, there are many opportunities for child welfare caseworkers to learn about substance abuse. The NCSACW online training was chosen as the first statewide training on substance abuse for Utah Child and Family Services because:

- It was developed by national experts on substance abuse and child welfare.
- It introduces the latest information on the neurobiology of addiction.
- It identifies strategies for working with families that are consistent with our Practice Model.
- Its information on substance abuse can benefit all caseworkers, regardless of their levels of experience.
- It provides a foundation for classroom-based skills training.

---

<sup>1</sup> Division of Child and Family Services SAFE Management Information System: prevalence of substance abuse on child protective services cases in Utah for 2006 (2006). Salt Lake City, UT: Division of Child and Family Services Data Unit.

<sup>2</sup> Ibid.

<sup>3</sup> Semidei J, Feig Radel L, Nolan C (2001). Substance Abuse and Child Welfare: Clear Linkages and Promising Responses. Child Welfare 80 (2): 109-127.

## National Center for Substance Abuse and Child Welfare Online Tutorial

### Table of Contents

Section	Approximate Time to Complete
<b>Introduction</b> —describes the course purpose and contents, and introduces challenges faced by families in the child welfare system with substance abuse problems.	15-30 minutes
<b>Module One</b> —provides fundamental information regarding substance use, abuse, and addiction.	30-45 minutes
<b>Module Two</b> —discusses motivating families to engage in treatment for substance use disorders.	45-60 minutes
<b>Module Three</b> —describes the substance abuse treatment types, settings, approaches, and key elements of treatment for parents and the unique considerations of women with substance use disorders and issues mothers may face.	45-60 minutes
<b>Module Four</b> —presents the special considerations for children whose parents have substance use disorders.	30-45 minutes
<b>Module Five</b> —provides partnership and case management strategies to enhance coordination and collaboration between substance abuse treatment and child welfare professionals.	30-45 minutes

### Format

The tutorial is intended to be taken online. However, a PDF copy of the tutorial is available on the NCSACW website. The PDF copy is nearly identical to the online tutorial, but it does not provide direct web links to other relevant information. For

your convenience, the Reading Questions in the Participant Workbook include page number references for both the online and PDF versions of the tutorial.

## **Training Hours**

Based on a pilot test of the tutorial, participants may take 3.25 to 4.5 hours to complete the introduction, the five modules, and the Reading Questions in the Participant Workbook. Completion time may vary by each participant's:

- reading pace
- learning style
- ability to focus on the tutorial and minimize distractions
- knowledge of the information in the tutorial
- other work commitments

The tutorial counts for 4.5 of the 40 required annual training hours. Your supervisor, trainer, or CSM may offer supplemental activities to review and discuss information in the tutorial.

## **Tutorial Knowledge Assessment**

The tutorial includes a Knowledge Assessment at the end of Module 5. The Knowledge Assessment does not count toward DCFS training requirements. DCFS staff must complete the Reading Questions in the Participant Workbook and have the certificate from the Participant Workbook signed in order to receive credit toward their training hours.

## **Continuing Education Units (CEUs)**

The National Association of Social Workers (NASW) requires completion of the Knowledge Assessment in the tutorial at the end of Module 5 in order to receive CEUs. After passing the Knowledge Assessment, you will be able to print a certificate of completion. This tutorial was approved by the National Association of Social Workers (NASW), Provider #886403746 for four (4) Continuing Education Contact Hours. There is no charge for you to obtain the Continuing Education Credit. For more information, see the Introduction section of the tutorial.



## **Participant Workbook**

### **About the Online Tutorial and Participant Workbook**

This tutorial was developed by the National Center on Substance Abuse and Child Welfare (NCSACW), which is part of the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services (DHHS). The tutorial was developed specifically to educate child welfare professionals about the complexity of substance abuse and its significance to the child welfare system, and to improve services to parents and children whose families suffer from the effects of substance abuse.

The NCSACW recognizes that families with substance abuse problems are often involved in multiple systems, including the public benefits system, the substance abuse treatment system, and the criminal justice system. As a result, the tutorial emphasizes the importance of integrated case management to help families meet their obligations, which are often complicated by conflicting time frames and expectations.

### **Reading Questions and Certificate**

The Participant Workbook contains Reading Questions based on the online tutorial. They are intended to help you identify the key points in each module and develop your knowledge about specific areas related to working with substance abuse families. You may answer the questions as you proceed through the tutorial. You will answer the questions on the separate answer sheet provided. When you have completed all questions, please submit the answer sheet to your Regional Training Manager or designee, along with the completed Participant Evaluation Form and the certificate of completion that is the last page of your Participant Workbook. Your Regional Training Manager or designee will record your completion of the training, sign your certificate, and return your certificate and corrected answer sheet.

## Beginning the Web Training

### A. Access the Participant Workbook

1. Go to the DCFS training website, <http://hsemployees.utah.gov/dcfs/training>
2. Click on Substance Abuse Training Participant Workbook.
3. Print the Participant Workbook.

### B. Register for the Web Training

1. Go to <http://www.ncsacw.samhsa.gov/>
2. Select Online Tutorials and Training.
3. Find Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Child Welfare Professionals. Click on MORE INFORMATION.
4. Click on “Register.”
5. Enter the requested information.
6. Select the course, Understanding Substance Abuse Disorders, Treatment and Family Recovery: A Guide for Child Welfare Professionals and click on “Submit.”
7. On the new page, “START A TUTORIAL,” click on the second tutorial, Understanding Substance Abuse Disorders, Treatment and Family Recovery: A Guide for Child Welfare Professionals.
8. The new page will be titled, Why Should I Take This Course? This is the introduction to the online training.

### C. Print the PDF Copy of the Tutorial (optional)

1. After you have registered for the tutorial, go to the page that says Start a Tutorial and Return to a Tutorial.
2. Click on [PDF copy of Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Child Welfare Professionals](#).
3. Open, then print. The PDF copy is 204 pages.

## D. Navigating the Tutorial

To move forward or backward between pages in a module, click on the blue arrows.

To move among sections of a module, use the drop-down menu.



To move from one module to another, use the blue menu bar.

To access and print the PDF version of the tutorial, click on Tutorial Home and see the instructions on page 8.

## Maximizing the Benefits of Online Learning

We are excited to offer you the opportunity to learn about substance abuse through online training. Some benefits of online training for caseworkers are:

- Ability to self-schedule.
- Ability to self-pace.
- Convenience of taking the training in your own office.
- Immediate access to training and other online resources.
- Flexibility to balance your workload with the training.
- Portability to take the Participant Workbook with you, work on the Reading Questions, or do additional reading while you are supervising visits, waiting for court hearings, etc.

You may stop and resume the online tutorial at any time and the tutorial will hold your page.

Along with the benefits comes increased responsibility for you to manage your own training. Because adults learn differently, online learning may involve some challenges not normally present in classroom training. To complete the training in a timely way, you may need to:

- Limit distractions.
  - Set aside a particular time to work on the training.
  - Turn off the ringer on your phone.
  - Collaborate with your supervisor to schedule your online work.
- Schedule your training in a way that fits with the way you learn best.
  - On your own.
  - With a co-worker.
  - With a team.
  - One module at a time.
  - All at once.
- Translate learning into practice.
  - Evaluate how you can use some of the recommended strategies and tools in your cases.
  - Use the charts and graphs provided with families and community partners, when appropriate.
  - Discuss the information with your supervisor and co-workers.

### After You Finish the Training

- ☐ Complete the Reading Questions and record your responses on the Reading Questions Answer Sheet on pages 32-34. *Be sure to write your name on each page of the Answer Sheet.*
- ☐ Enter your name on the Certificate of Completion, which is on page 35.
- ☐ Make a copy of your Reading Questions Answer Sheet and your Certificate for your records.
- ☐ Complete the Course Evaluation on pages 36-37.
- ☐ Submit your Reading Questions Answer Sheet, signed certificate, and evaluation form to your Regional Training Manager or designee.

Your Regional Training Manager or designee will correct your answer sheet, record your completion of the training, sign your certificate, and return these to you.

## Participant Workbook Reading Questions

Reference Pages are provided to help you locate information pertaining to questions in the online tutorial or the PDF document. Please respond to the questions on the Reading Questions Answer Sheet, pages 32-34. Be sure to write your name on each page of the Answer Sheet before you submit it.

### Table of Contents

Introduction: pages 14-15

Module 1: page 16-17

Module 2: page 18-21

Module 3: page 22-25

Module 4: page 26-29

Module 5: page 30-31

Introduction		
Questions	Select the correct answer(s).	Reference Pages
1. Looking at the goals on page 4 of the tutorial (page 3 of the PDF document), which goal would you most like to fulfill for yourself through this training?		Page 4 online  OR  Page 3 PDF
2. The Four Clocks represent four different timeframes that may affect a family member with a substance use disorder. Which of the following statements are true of the possible conflict between the family member's treatment and recovery time and the other Clocks? (more than one answer)	a. The child's bonding with the parent does not depend on age, so a parent may easily reattach with a child of any age from whom they have been separated for a year. b. The parent may require more time to complete their treatment than is permitted for reunification under the Adoption and Safe Families Act (ASFA). c. A child's time in care will not affect the family's eligibility for public assistance. d. Treatment spaces may not be available for a caregiver, creating a problem in meeting court time requirements.	Pages 7-12 online  OR  Pages 6-7 PDF

<b>Introduction</b>		
<b>Questions</b>	<b>Select the correct answer(s).</b>	<b>Reference Pages</b>
3. Why is it important to the family that the child welfare professional and the treatment provider plan jointly with the family?		Pages 13-17 online  OR  Pages 8-9 PDF
4. How can social workers help families to manage the Four Clocks?	a. Help families understand what is being asked of them. b. Work with families to find the best way to achieve their desired goals. c. Help families understand the consequences of not actively working to achieve the goals of their plan. d. All of the above.	Pages 18-23 online  OR  Pages 9-12 PDF

<b>Module 1</b>		
<b>Questions</b>	<b>Select the correct answer(s).</b>	<b>Reference Pages</b>
1. According to the tutorial, which of the following are considered risk factors for children to use substances as they get older? (more than one answer)	<ul style="list-style-type: none"> <li>a. Early oppositional behavior</li> <li>b. Poor social skills</li> <li>c. Language delays</li> <li>d. Divorced or unmarried parents</li> <li>e. Being a racial or ethnic minority</li> </ul>	Pages 1-6 online  OR  Pages 13-19 PDF
2. According to the tutorial, which of the following are considered to be factors that protect children from using substances as they get older? (more than one answer)	<ul style="list-style-type: none"> <li>a. Empathy for others</li> <li>b. Having a boyfriend/girlfriend</li> <li>c. Education and career goals</li> <li>d. Creative thinking and problem-solving</li> <li>e. Small classroom size</li> </ul>	Pages 1-6 online  OR  Pages 13-19 PDF
3. According to the NIAAA, four symptoms of alcohol dependence or alcoholism are craving, physical dependence, tolerance, and _____.	<ul style="list-style-type: none"> <li>a. Inability to limit one's own drinking</li> <li>b. Complaints about the person's drinking</li> <li>c. Feelings of guilt</li> <li>d. Neglect of children</li> </ul>	Pages 7-11 online  OR  Pages 20-24 PDF
4. Substances of abuse cause significant changes in brain chemistry. As a result, scientists consider substance use disorders to be brain-based diseases. Which of the following statements are true?	<ul style="list-style-type: none"> <li>a. Substance-induced brain chemical imbalances disrupt normal communication between neurons, so people feel depressed, think poorly, behave in ways not normal to them, or misperceive what others say or do.</li> <li>b. As the person continues to use the substance, the reward pathway—a part of the brain responsible for experiencing pleasure—becomes interrupted and the person cannot feel pleasure without the substance.</li> <li>c. Addiction means that the person engages in a compulsive behavior, even when faced with negative consequences.</li> <li>d. The person's loss of control in limiting his or her intake of the addictive substance is a major hallmark of addiction.</li> </ul>	Pages 7-11 online  OR  Pages 20-24 PDF



<p>5. Substance abuse is a manifestation of maladaptive patterns of substance use leading to clinically significant impairment or distress. Which of the following are indicators of substance abuse (not use or dependence)? (more than one answer)</p>	<ul style="list-style-type: none"> <li>a. Recurrent substance use in situations in which it is physically hazardous</li> <li>b. Recurrent substance-related legal problems</li> <li>c. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance</li> <li>d. Markedly diminished effect with continued use of the same amount of the substance</li> <li>e. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home</li> <li>f. The substance is often taken in larger amounts or over a longer period than was intended</li> </ul>	<p>Pages 12-17 online</p> <p>OR</p> <p>Pages 25-30 PDF</p>
<p>6. Substance dependence is a manifestation of maladaptive patterns of substance use leading to clinically significant impairment or distress. Which of the following behaviors are indicators of substance dependence (not use or abuse)? (more than one answer)</p>	<ul style="list-style-type: none"> <li>a. Failure to provide adequate food and nutrition for children</li> <li>b. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance</li> <li>c. A need for markedly increased amounts of the substance to achieve intoxication or desired effect</li> <li>d. Markedly diminished effect with continued use of the same amount of the substance</li> <li>e. Failure to provide adequate supervision for children, based on their ages and developmental stages</li> <li>f. There is a persistent desire or unsuccessful efforts to cut down or control substance use</li> <li>g. The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms</li> <li>h. The substance is often taken in larger amounts or over a longer period than was intended</li> </ul>	<p>Pages 12-17 online</p> <p>OR</p> <p>Pages 25-30 PDF</p>

<b>Module 2</b>		
<b>Questions</b>	<b>Select the correct answer(s).</b>	<b>Reference Pages</b>
1. According to the tutorial, caseworkers should conduct substance abuse screenings for parents on which type of cases?	<ul style="list-style-type: none"> <li>a. When the allegation is substance-use related, such as fetal exposure/addiction</li> <li>b. When a child discloses substance use by parents or other primary caregivers</li> <li>c. When there is evidence of substance use by a parent who is not in the home</li> <li>d. When a parent says that s/he is concerned about his/her own substance use or the substance use of another parent or caregiver</li> <li>e. On all child maltreatment cases</li> </ul>	Pages 1-12 online  OR  Pages 31-42 PDF
2. According to the tutorial, which of the following are in-home indicators of potential substance abuse?	<ul style="list-style-type: none"> <li>a. A report of substance use was included in the intake report</li> <li>b. The caseworker observes paraphernalia in the home (syringe kit, pipes, charred spoon, foils, large number of liquor or beer bottles, etc.)</li> <li>c. A child reports use by parent(s) or other adults in the home</li> <li>d. A parent exhibits physical behavior of being under the influence of alcohol or drugs (slurred speech, inability to mentally focus, physical balance affected, extremely lethargic or hyperactive, etc.)</li> <li>e. All of the above</li> </ul>	Pages 1-12 online  OR  Pages 31-42 PDF
3. List 3 life problems commonly experienced by parents who abuse substances.		Pages 12-20 online  OR  Pages 43-54 PDF
4. List 3 effects of substances on parenting that are common to multiple substances.		Pages 12-20 online  OR  Pages 43-54 PDF

5. Prenatal substance abuse may be associated with which problems after the child is born?	<ul style="list-style-type: none"> <li>a. Physical health consequences</li> <li>b. Behavior problems</li> <li>c. Cognitive problems</li> <li>d. Poor social/relation skills</li> <li>e. Attachment problems</li> <li>f. All of the above</li> </ul>	Pages 12-20 online  OR  Pages 43-54 PDF
6. Which abbreviation may be used to describe the medical condition in which a child shows physical signs of prenatal exposure to alcohol?	<ul style="list-style-type: none"> <li>a. CAGE</li> <li>b. ADHD</li> <li>c. FE</li> <li>d. FAS</li> <li>e. SCF</li> </ul>	Pages 21- 24 online  OR  Pages 55-59 PDF
7. Which of the following are ways that caseworkers can involve fathers in child protection cases related to substance abuse, if the fathers do not reside with the child or have limited contact with the child?	<ul style="list-style-type: none"> <li>a. Notify fathers of the investigation</li> <li>b. Screen fathers for substance use disorders</li> <li>c. Inform fathers of their obligations to protect the child from abuse and neglect</li> <li>d. Identify formal and informal supports for the father</li> <li>e. All of the above</li> </ul>	Pages 21- 24 online  OR  Pages 55-59 PDF
8. Which of the following are true about the stages of change? (more than one answer)	<ul style="list-style-type: none"> <li>a. At times, people may feel ambiguous about their ability to change</li> <li>b. Progression may be slow and nonlinear</li> <li>c. Parents who fail to recognize their problem behaviors early are unlikely to complete all stages of change</li> <li>d. During the preparation/determination stage, individuals make a conscious decision to change</li> </ul>	Pages 24-30 online  OR  Pages 60-65 PDF
9. Which of the following statements about relapse are true?	<ul style="list-style-type: none"> <li>a. Substance abuse clients often relapse as part of their recovery.</li> <li>b. Relapse demonstrates a parent's lack of motivation.</li> <li>c. Relapse can be prevented.</li> <li>d. A child and family team can plan for relapse.</li> </ul>	Pages 24-30 online  OR  Page 60-65 PDF
10. Child welfare and treatment professionals can use specific strategies to enhance parents' motivation to begin and maintain treatment and recovery efforts. They	<ul style="list-style-type: none"> <li>a. Continue to work toward meeting the requirements of the dependency court</li> <li>b. Maintain the safety and well-being of their children</li> <li>c. Develop the parenting skills needed to retain or</li> </ul>	Pages 30-47 online  OR

can intervene with parents during each of the six stages of change to motivate them to:	<ul style="list-style-type: none"> <li>d. regain custody of their children</li> <li>d. Access and follow through with services voluntarily</li> <li>e. All of the above</li> </ul>	Pages 66-82
11. According to the tutorial, the motivational task for a child welfare worker to foster and evoke reasons to change and the risks of not changing is matched with which stage?	<ul style="list-style-type: none"> <li>a. Precontemplation</li> <li>b. Contemplation</li> <li>c. Preparation/decision to change/determination stage</li> <li>d. Action</li> <li>e. Maintenance</li> <li>f. Relapse</li> </ul>	Pages 30-47 online  OR  Page 66-82
12. According to the tutorial, if the parent is in the maintenance stage of change, what would be the corresponding motivational task for the child welfare worker?	<ul style="list-style-type: none"> <li>a. Help parent re-engage in the contemplation, preparation, and action stages</li> <li>b. Reduce the number of required drug tests per week</li> <li>c. Request that the child be returned to the parent on a trial home placement</li> <li>d. Help parent to identify triggers and use strategies to prevent relapse</li> <li>e. Increase frequency of visitation with the child</li> </ul>	Pages 30-47 online  OR  Pages 66-82
13. Based on the stages of change, there are simple motivational enhancement interventions that can be easily incorporated into child welfare services. While simple and practical, these strategies were identified by research as being common to effective brief motivational enhancement interventions. These brief motivational interventions are represented in which of the following acronyms?	<ul style="list-style-type: none"> <li>a. FRAMES</li> <li>b. UNCOPE</li> <li>c. NIAAA</li> <li>d. CAGE</li> </ul>	Pages 30-47 online  OR  Pages 66-82
14. Caseworkers are encouraged to use motivational strategies with both parents. However, fathers often need specific interventions to foster their engagement in child welfare services and treatment for their substance use	<ul style="list-style-type: none"> <li>a. Request judges to order fathers into domestic violence treatment, especially if they are abusing substances</li> <li>b. Portray recovery as separate from the child welfare case and stress that recovery does not automatically result in reunification</li> </ul>	Pages 30-47 online  OR

disorders. According to the tutorial, which of the following should a caseworker do as part of an intervention with fathers? (more than one answer)	<ul style="list-style-type: none"><li>c. Explain to the father that regardless of a mother's case plan or her attempts to reunify, the father has responsibility for the children</li><li>d. If both parents are addicted, arrange for them to attend the same treatment center so they can support each other and keep their children with them</li><li>e. Identify fathers-only groups and activities, provide opportunities to create social support networks and encourage a positive relationship between fathers and their children</li></ul>	Pages 66-82
---	---	-------------

<b>Module 3</b>		
<b>Questions</b>	<b>Select the correct answer(s).</b>	<b>Reference Pages</b>
1. Limited local resources may cause a temporary inability to secure a treatment space. According to the tutorial, which of the following should a caseworker do to help a parent with a substance abuse disorder? (more than one answer)	a. Provide the parent with lists of local 12-step meetings and encourage them to go b. Help the parent develop a safety plan to abstain from use while waiting for treatment c. Request court-ordered supervision d. Make random, unscheduled home visits to catch the parent using e. Suggest lower levels of care while waiting for the optimal level of care	Pages 1-11 online  OR  Pages 83-96 PDF
2. Treatment begins with assessments that identify treatment needs. Treatment needs change over time and new treatment needs emerge. Which of the following are parts of the treatment process, as identified in the tutorial? (more than one answer)	a. Treatment needs resolved; new needs emerge b. Identify treatment needs c. Initiate treatment planning d. Assessment e. Mental health evaluation f. Resolution of criminal charges g. Respond to changing treatment needs	Pages 1-11 online  OR  Pages 83-96 PDF
3. Which of the terms below refer to the level of structure and support offered in the program?	a. Treatment placement b. Treatment approach c. Clinical intervention d. Treatment setting	Pages 1-11 online  OR  Pages 83-96 PDF
4. The American Society of Addiction Medicine (ASAM) Patient Placement Criteria (PPC) describes several levels of treatment services. Rank them in order from least intensive to most intensive.	a. Medically managed intensive inpatient services b. Intensive outpatient services c. Early intervention d. Residential services e. Outpatient services	Pages 1-11 online  OR  Pages 83-96 PDF
5. According to the tutorial, reports from treatment providers to child welfare caseworkers should include:	a. Parent's participation in treatment services b. Child welfare services plan compliance c. Parental skills/parental functioning d. Abstinence from substance use	Pages 12-20 online  OR

	e. All of the above	Pages 97-109 PDF
6. According to the tutorial, treatment providers often use drug testing to: (more than one answer)	a. Reinforce positive behaviors b. Ensure that the parent is maintaining abstinence while in treatment c. Present a case for or against visitation with children d. Keep kin caregivers and foster parents up-to-date	Pages 12-20 online  OR  Pages 97-109 PDF
7. According to the tutorial, the number, type and intensity of treatment services are often determined by: (more than one answer)	a. Each client's unique treatment needs b. Regional resources c. Insurance coverage d. Program resources e. Political expediency	Pages 12-20 online  OR  Pages 97-109 PDF
8. According to the tutorial, components of an integrated approach are: (more than one answer)	a. Temporary housing assistance b. Pharmacotherapies c. Psychosocial interventions d. Behavioral therapies e. Mutual support groups f. Parenting instruction	Pages 12-20 online  OR  Pages 97-109 PDF
9. Medications used to treat opiate addiction include:	a. LAAM b. Methadone c. Benzodiazepam d. Buprenorphine e. Lortab	Pages 12-20 online  OR  Pages 97-109 PDF
10. Although substance abuse treatment is individualized, treatment programs usually share the following goals, including: (more	a. Ending addiction b. Improving functioning c. Preventing relapse d. Increasing sobriety	Pages 12-20 online  OR

than one answer)	e. Community education	Pages 97-109 PDF
11. According to the Developmental Model of Recovery, during this stage, the parent goes through physical withdrawal and begins to regain control of his or her thinking and behavior.	a. Transition stage b. Stabilization stage c. Early recovery stage d. Middle recovery stage e. Late recovery stage f. Maintenance stage	Pages 21-28 online  OR  Pages 110-118 PDF
12. The National Treatment Improvement Evaluation Study (NTIES) was one of the most rigorous studies of substance abuse treatment ever conducted. According to the tutorial, the NTIES revealed all of the following, <b>except</b> :	a. Clients served by CSAT-funded programs significantly reduced their alcohol and other drug use. b. Reductions were noted regardless of the time spent in treatment or the amount of treatment received. c. Clients reported increases in employment and income, and improvements in mental and physical health even one year after treatment. d. Clients were successful in reducing their use only under court supervision.	Pages 21-28 online  OR  Pages 110-118 PDF
13. According to the tutorial, which of the following statements are true about treatment? (more than one answer)	a. People may need more than one treatment episode to achieve success. b. Multiple treatment episodes can have a cumulative effect. c. For methadone maintenance, 72 months of residential or outpatient treatment is generally the minimum for effective outcomes. d. For other substances of abuse, a minimum of 60 days is adequate for effective outcomes.	Pages 21-28 online  OR  Pages 110-118 PDF
14. List 5 services to which substance abuse or child welfare professionals may link parents in substance abuse treatment to help support their recovery.		Pages 21-28 online  OR  Pages 110-118 PDF
15. According to the tutorial, women who have experienced domestic	a. Tranquilizers b. Hallucinogens	Pages 29-37



violence are more likely than other women to become dependent on which types of substances:	<ul style="list-style-type: none"> <li>c. Stimulants</li> <li>d. Sedatives</li> <li>e. Painkillers</li> </ul>	<p>online</p> <p>OR</p> <p>Pages 119-127 PDF</p>
16. A recent SAMHSA report to Congress highlights the need for integrated substance abuse treatment to provide integrated services that include _____ and _____ to address co-occurring disorders	<ul style="list-style-type: none"> <li>a. Food stamps, Medicaid</li> <li>b. Drug detoxification, domestic violence treatment</li> <li>c. Medications, psychosocial treatments</li> <li>d. Individual psychotherapy, stress management counseling</li> </ul>	<p>Pages 29-37 online</p> <p>OR</p> <p>Pages 119-127 PDF</p>

Module 4		
Questions	Select the correct answer(s).	Reference Pages
1. Child welfare professionals have three key responsibilities related to children of substance-abusing parents who are in the child welfare system. According to the tutorial, these responsibilities include: (more than one answer)	<ul style="list-style-type: none"> <li>a. Determining the extent of substance use and its relationship to child safety</li> <li>b. Alerting law enforcement to the parents' criminal activity</li> <li>c. Creating a permanency plan for families that are under juvenile court jurisdiction</li> <li>d. Providing for the child's well-being</li> </ul>	Pages 1-8 online  OR  Pages 128-135 PDF
2. According to the tutorial, what do child welfare workers need to do to develop support systems for the children?	<ul style="list-style-type: none"> <li>a. Ensure that the children receive evaluations for developmental progress, learning disabilities, and health and mental health needs</li> <li>b. Develop an effective visitation program between parents and children that enhances the children's understanding of what is occurring in their lives, and gives them an opportunity to safely and positively maintain a relationship with their parents</li> <li>c. Help children develop an understanding of substance abuse in a way that defines the disorder, not the person, and is appropriate for their developmental stage and age</li> <li>d. Help foster parents access special training regarding the neurodevelopmental effects of prenatal exposure or postnatal environments</li> <li>e. All of the above</li> </ul>	Pages 29-37 online  OR  Pages 119-127 PDF
3. ASFA requires child welfare agencies to provide assistance and services to parents to prevent removal and reunify children taken into custody, <b>unless</b> : (more than one answer)	<ul style="list-style-type: none"> <li>a. The parent has committed or aided in the murder, voluntary manslaughter, or felony assault of another child</li> <li>b. The parent has involuntarily lost rights to another child</li> <li>c. The parent has subjected the child to aggravated circumstances, such as chronic abuse and/or sexual abuse</li> <li>d. The child is enrolled or is eligible for enrollment in a Native American tribe</li> <li>e. The court has found reasonable evidence to believe that the alleged abuse or neglect has occurred and that the alleged perpetrator is</li> </ul>	Pages 9-12 online  OR  Pages 136-140 PDF

	responsible	
4. Children may have experienced prenatal exposure to alcohol and/or other drugs that has interfered with normal growth and development. Under which legislation should children under age 3 be seen by a pediatrician and referred to early intervention services?	<ul style="list-style-type: none"> <li>a. Individuals with Disabilities Education Act Part C.</li> <li>b. Utah Department of Health Baby Watch</li> <li>c. Consolidated Appropriations Act (P.L. 106-113)</li> <li>d. National Drug Endangered Children Act</li> </ul>	Pages 13-20 online  OR  Pages 141-154 PDF
5. Which of the following statements are true regarding prenatal exposure? (more than one answer)	<ul style="list-style-type: none"> <li>a. Hospitals are federally required to make a police report when a newborn is identified as prenatally exposed to alcohol or drugs.</li> <li>b. Laws regarding prenatal exposure vary by state.</li> <li>c. Children who are prenatally exposed to alcohol or drugs may be eligible for certain health and social services.</li> <li>d. Federal law requires the removal of infants who are born addicted to methamphetamine, heroin, or cocaine.</li> </ul>	Pages 13-20 online  OR  Pages 141-154 PDF
6. During their early years, children of parents who abuse substances may suffer from an environment of insufficient resources to meet their needs, inconsistent relationships with their parents, and the steady presence of caregiving persons. Because of these life experiences, children may have developed:	<ul style="list-style-type: none"> <li>a. Perfectionism</li> <li>b. Parentification over the parent</li> <li>c. Shyness and aggressiveness</li> <li>d. Trust and attachment issues</li> <li>e. All of the above</li> </ul>	Pages 13-20 online  OR  Pages 141-154 PDF
7. According to the tutorial, which of the following precautions should be taken when removing a child from a methamphetamine lab?	<ul style="list-style-type: none"> <li>a. Medical assessment for immediate health concerns.</li> <li>b. Decontamination if the child has been out of the home for more than 72 hours.</li> <li>c. Allowing the child to take a favorite stuffed animal or blanket to reduce trauma.</li> <li>d. Warning school personnel that they may have been contaminated if they had direct contact</li> </ul>	Pages 13-20 online  OR  Pages 141-154 PDF

	with the child.	
8. According to the tutorial, key messages in talking with children about their parents' addictions are:	<ul style="list-style-type: none"> <li>a. It's not your fault that your parent drinks or uses drugs.</li> <li>b. Other children have parents who use alcohol or drugs.</li> <li>c. Everybody makes mistakes.</li> <li>d. Drug use is illegal, so people who use drugs have to face the consequences for what they do.</li> <li>e. You don't have to feel scared or ashamed, and there are people you can talk to about how you feel.</li> </ul>	Pages 13-20 online  OR  Pages 141-154 PDF
9. What are the 7 C's?	<ul style="list-style-type: none"> <li>a. Cause, Control, Care, Can, Choices, Communicating, Confirmation</li> <li>b. Choices, Can, Control, Cause, Communicating, Court, Cure</li> <li>c. Cause, Communicating, Cure, Control, Consistent, Caregiver, Celebrating</li> <li>d. Control, Cure, Communicating, Choices, Cocaine, Care, Can</li> <li>e. Cause, Cure, Control, Care, Communicating, Choices, Celebrating</li> </ul>	Pages 13-20 online  OR  Pages 141-154 PDF
10. Typical needs of children from homes where parents have substance abuse disorders include:	<ul style="list-style-type: none"> <li>a. The opportunity to identify and express feelings with a safe and trusted adult</li> <li>b. Information about substance abuse and addiction</li> <li>c. Screening for physical and mental health problems</li> <li>d. Participation in counseling and support groups.</li> <li>e. Support system</li> <li>f. All of the above</li> </ul>	Pages 13-20 online  OR  Pages 141-154 PDF
11. Child welfare caseworkers must develop detailed case plans that specifically address the children's needs. The development of these case plans requires the child welfare workers to: (more than one answer)	<ul style="list-style-type: none"> <li>a. Collaborate with school or childcare systems to best determine how to provide support</li> <li>b. Increase the frequency of supervised drug tests for the parents</li> <li>c. Determine the strengths and limitations in the family's capacity to meet the child's needs</li> <li>d. Arrange for interventions that address the child's needs as indicated in the assessment</li> <li>e. Place the child with kin caregivers as early as</li> </ul>	Pages 155-162 online  OR  Pages 155-162 PDF

	possible after removal	
12. Identify three aspects of a safety plan for children of substance-abusing parents in the event of a parent's relapse.		Pages 155-162 online  OR  Pages 155-162 PDF

<b>Module 5</b>		
<b>Questions</b>	<b>Select the correct answer(s).</b>	<b>Reference Pages</b>
1. Although system and agency collaboration does not always occur, there are levels of collaboration that can be successfully carried out by individual child welfare and treatment providers. According to the tutorial, which of the following is a way that child protection workers and treatment counselors can collaborate individually? (more than one answer)	<ul style="list-style-type: none"> <li>a. By exchanging information about resources and clients, within confidentiality requirements.</li> <li>b. By scheduling activities and coordinating requirements of the treatment program and child and family plan, where appropriate.</li> <li>c. By developing a common or joint plan.</li> <li>d. By using the client's prior substance abuse to predict treatment outcomes.</li> </ul>	Pages 1-10 online  OR  Pages 163-172 PDF
2. What tool can be used to identify and discuss underlying values between a child welfare worker and a treatment counselor who are working together with a particular family?	<ul style="list-style-type: none"> <li>a. "Quick search" on SAMHSA's Substance Abuse Treatment Facility Locator</li> <li>b. 42CFR Part II and HIPAA Privacy Act</li> <li>c. Collaborative Values Inventory</li> <li>d. All of the above</li> </ul>	Pages 1-10 online  OR  Pages 163-172 PDF
3. What can caseworkers do to help parents prepare to enter substance abuse treatment?	<ul style="list-style-type: none"> <li>a. Provide information about treatment providers, including how to contact them</li> <li>b. Gather information on the different treatment programs that are available to the family</li> <li>c. Understand the requirements, expectations, and conditions for participating in treatment</li> <li>d. Help parents to learn the language, terms, and acronyms they can expect to encounter as they progress through treatment</li> <li>e. All of the above</li> </ul>	Pages 11-15 online  OR  Pages 172-177 PDF
4. Which type of confidentiality form should child welfare caseworkers use to obtain consent to communicate with substance abuse treatment providers about client progress?	<ul style="list-style-type: none"> <li>a. The Child and Family Assessment form</li> <li>b. A form that conforms to Federal Government regulations for substance abuse treatment (42CFR, Part II and HIPAA Privacy Act)</li> <li>c. The standard DCFS Release of Information form, which can be printed from SAFE</li> <li>d. A form printed on the letterhead of the treatment</li> </ul>	Pages 16-23 online  OR  Pages 178-184

	provider, signed and dated by the parent	PDF
5. Child welfare professionals normally prepare case plans that include activities, objectives, and service strategies that will help parents meet child welfare and juvenile court requirements for the safety and well-being of their children. When collaborating with other professionals, including substance abuse treatment providers, case planning activities should include which of the following:	<ul style="list-style-type: none"> <li>a. Objectives related to the parents' treatment and recovery</li> <li>b. Review of the parents' progress to meet the qualitative and quantitative goals of the case plan</li> <li>c. Evaluating the parents' capacities to meet the needs of their children</li> <li>d. Sharing new information with treatment staff when there are changes that might create stresses for the parents</li> <li>e. All of the above</li> </ul>	Pages 16-23 online  OR  Pages 178-184 PDF
6. Which of the following statements are true regarding substance abuse recovery? (more than one answer)	<ul style="list-style-type: none"> <li>a. While in recovery, parents will need support to maintain sobriety.</li> <li>b. Many clients may need to return to a more intensive level of treatment at some point.</li> <li>c. If the treatment counselor and child welfare worker collaborate effectively, the client will not relapse.</li> <li>d. Recovery is a lifelong process.</li> </ul>	Pages 24-29 online  OR  Pages 185-190 PDF
7. When preparing families to leave the child welfare system, caseworkers can help the family establish a network of support. Identify 3 ways that the caseworker can link the family with community-based organizations and relationships that they can rely on when the child welfare case is closed.		Pages 24-29 online  OR  Pages 185-190 PDF

## Participant Workbook Reading Questions Answer Sheet

On multiple choice questions, please circle the letter of the correct response. On short answer questions, please write your answer in the space provided.

### Introduction

1. \_\_\_\_\_
2. a        b        c        d
3. \_\_\_\_\_
4. a        b        c        d

### Module 1

1. a        b        c        d        e
2. a        b        c        d        e
3. a        b        c        d
4. a        b        c        d
5. a        b        c        d        e        f
6. a        b        c        d        e        f        g        h

### Module 2

1. a        b        c        d        e
2. a        b        c        d        e
3. \_\_\_\_\_
4. \_\_\_\_\_
5. a        b        c        d        e        f
6. a        b        c        d        e
7. a        b        c        d        e
8. a        b        c        d
9. a        b        c        d
10. a        b        c        d        e
11. a        b        c        d        e        f
12. a        b        c        d        e
13. a        b        c        d



14. a      b      c      d      e

**Module 3**

1. a      b      c      d      e

2. a      b      c      d      e      f      g

3. a      b      c      d

4. \_\_\_\_\_

5. a      b      c      d      e

6. a      b      c      d

7. a      b      c      d      e

8. a      b      c      d      e      f

9. a      b      c      d      e

10. a      b      c      d      e

11. a      b      c      d      e      f

12. a      b      c      d

13. a      b      c      d

14. \_\_\_\_\_

15. a      b      c      d      e

16. a      b      c      d

**Module 4**

1. a      b      c      d

2. a      b      c      d      e

3. a      b      c      d      e

4. a      b      c      d

5. a      b      c      d

6. a      b      c      d      e

7. a      b      c      d

8. a      b      c      d      e

9. a      b      c      d      e

10. a      b      c      d      e      f

11. a      b      c      d      e

12. \_\_\_\_\_

**Module 5**

1. a      b      c      d

2. a      b      c      d

3. a      b      c      d      e

4. a      b      c      d

5. a      b      c      d      e

6. a      b      c      d

7. \_\_\_\_\_

The Utah Division of Child and Family Services

# Certificate of Completion

is hereby granted to

---

to certify that he/she has completed to satisfaction

**Understanding Substance Use Disorders, Treatment, and  
Family Recovery**

Date: \_\_\_\_\_

---

[Signature, Regional Training Manager or Designee]

**Understanding Substance Use Disorders, Treatment  
and Family Recovery:  
A Guide for Child Welfare Professionals  
Participant Course Evaluation**

Thank you for participating in this online training. Please help us make improvements by rating the following items. We appreciate your feedback.

**A. THE TRAINING HELPED ME TO...****Strongly Disagree****Strongly Agree**

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. <i>Recognize potential signs of substance abuse in families (paraphernalia in the home, parent appears to be intoxicated, odor of drugs/alcohol, etc.)</i>  | 1 | 2 | 3 | 4 | 5 |
| 2. <i>Understand the implications of parental substance use on child welfare (leaving children with inappropriate caretakers or unattended, inconsistently addressing children's needs for regular meals, clothing, cleanliness, etc.)</i> | 1 | 2 | 3 | 4 | 5 |
| 3. <i>Understand factors that often contribute to substance abuse (trauma history, co-occurring disorders, etc.)</i>   | 1 | 2 | 3 | 4 | 5 |
| 4. <i>Recognize the value of screening for substance abuse with all child welfare families (identify the contribution of substance abuse to child welfare concerns, refer for formal assessment, etc.)</i>                                 | 1 | 2 | 3 | 4 | 5 |
| 5. <i>Become familiar with the spectrum of treatment approaches for substance abuse (different settings, levels, services and expectations requirements)</i>   | 1 | 2 | 3 | 4 | 5 |
| 6. <i>Understand the stages of behavior change (precontemplation, contemplation, determination, action, maintenance, relapse)</i>  | 1 | 2 | 3 | 4 | 5 |
| 7. <i>Identify how I can motivate families along the stages of change (help parent recognize problematic behavior, help parent take steps to implement change, etc.)</i>   | 1 | 2 | 3 | 4 | 5 |
| 8. <i>Understand and respond to relapse (relapse is part of change, help parents re-enter treatment, maintain nonjudgmental, supportive contact)</i>   | 1 | 2 | 3 | 4 | 5 |
| 9. <i>Understand the benefits of teaming with treatment providers (reduce stress to family, helps family to meet requirement , information sharing)</i>  | 1 | 2 | 3 | 4 | 5 |
| 10. <i>Identify several strategies for teaming with treatment providers (identify shared goals, coordinate services, exchange information, review progress jointly)</i>  | 1 | 2 | 3 | 4 | 5 |

**B. LEARNING EXPERIENCE**

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 11. The online tutorial was easy to access and use                           | 1 | 2 | 3 | 4 | 5 |
| 12. The Participant Workbook helped me to focus on key points                | 1 | 2 | 3 | 4 | 5 |
| 13. The training was relevant and helpful.                                   | 1 | 2 | 3 | 4 | 5 |
| 14. As a result of the training, I feel more confident working with families | 1 | 2 | 3 | 4 | 5 |
| 15. I discussed what I learned with my supervisor or trainer.                | 1 | 2 | 3 | 4 | 5 |

**C. APPLICATION**

16. Please briefly identify one way that you have used information you learned in the tutorial with a family.

---

---

---

---

17. Comments:

---

---

---

---